

U.S. Department of Justice
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

PLAINTIFF	LEONARD K Baylis		COURT CASE NUMBER	06-11-SLR
DEFENDANT	GEORGIANA MEEKENS		TYPE OF PROCESS	1983
SERVE	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN			
➔	CORRECTION MEDICAL SYSTEMS - Dental - et al			
AT	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)			
	D.C.C. 1181 Paddock Rd. Smyrna, De 19977			
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:			Number of process to be served with this Form - 285	6
<input type="checkbox"/> Leonard Baylis 100231 1181 Paddock Rd. <input type="checkbox"/> Smyrna Delaware 19977			Number of parties to be served in this case	6
			Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Fold

Fold

Located within Delaware Correctional Center -
Medical/Dental

Signature of Attorney or other Originator requesting service on behalf of:

☒ PLAINTIFF
☐ DEFENDANT

TELEPHONE NUMBER

DATE

2006 JUL 18 9:32 AM
DISTRICT COURT
MARSHAL**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk PK	DATE AM 9:32
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I hereby certify and return that ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion then residing in the defendant's usual place of abode.

Address (complete only if different than shown above)

Date of Service	Time
7/28/06	900 am

Signature of U.S. Marshal or Deputy

BT Raley

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
90.00	40.05	—	130.05			

REMARKS:

7-26-06 - Personal Service - Refused to Sign waiver
 \$ 45 per hr x 2 hrs = 90.00
 90 mi @ 44.5¢/mi = \$40.05
 \$130.05 due to U.S. Marshal

PRIOR EDITIONS
MAY BE USED

1. CLERK OF THE COURT

FORM USM-285 (Rev. 12/15/80)